

Arizona Department of Health Services
Office for Children with Special Health Care Needs

Date:

(Inside address)

Re:

Dear:

The Office for Children with Special Health Care Needs (OCSHCN) requires that the Family Resource Coordinator meet with the member and/or family once a year to review the case and develop an Individual Service Plan (ISP). I have been unsuccessful in reaching you by telephone. Please contact me within three (3) days of receipt of this letter. If I do not hear from you within then (10) days, I will assume that you are no longer interested in OCSHCN Family Resource Coordination and the case will be closed.

Sincerely,

(Contact Information)

C: member file